


14202 U.S. PTO

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional) 09610.1271		
<b>Claims as Filed - Part 1</b>								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 35	Total Claims (37 CFR 1.16(i))	(B) 77	**** 57 =	x \$ 9 =	513.00	or	x \$ =	
(C) 9	Independent claims (37 CFR 1.16(i))	(D) 18	* 8 =	x \$ 42 =	336.00		x \$ =	
Basic Fee (37 CFR 1.16(h))						\$ 375.00	\$ _____	
Total Filing Fee						\$ 1224.00	OR \$ _____	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee						\$	OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>13-0201</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1224.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <u>6/20/03</u> Date         </div> <div style="text-align: center;">             Signature of Applicant, Attorney or Agent of Record  <b>Edward J. Lynch, Reg. No. 24,422</b>            _____            Typed or printed name         </div> </div>								

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